Application or Docket Number]	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY		
TOTAL CLAIMS			18					RATE	FEE	ヿ゙	RATE	FEE	┪	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	OB	BASIC FEE		1	
TOTAL CHARGEABLE CLAIMS			/ 8 minus 20=		•			XS 9:		OR	X\$18=		1	
INDEPENDENT CLAIMS			# minus 3 =		• , .			X43=	 		X86=	0/	1	
MULTIPLE DEPENDENT CLAIM PI			RESENT	<u> </u>						OR	· · ·	86	1	
* If the difference in column 1 is less than zero, enter "					"0" in (columb 2	ļ	+145=		OR	+290=			
								TOTAI つう	-	OR	TOTAL	856	4	
	(Column 1) (Column 2) (Column 3)								L ENTITY	OR	OTHER SMALL		ŀ	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	•	
	Total	. 35	Minus	. 6	०६	= 15.		X\$ 9=		OR	×\$ 0,500 ×\$ 1,6=	T -		
	Independent	. 9	Minus	*** C		- 5		X43=		OR	200	1000.0	<u> </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						ŀ	+145=	 		+290=	70000	ľ	
	1,7,13,18,19,26,33,34,35							TOTA		OR	TOTAL	1750	.00	
(Column 1) (Column 2) (Column 3)								VODIT. FE	E	JOR ,	ADDIT. FEE	1730	Da	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	•	=	Γ	X\$ 9=		OR	X\$18=			
				***		=		X43=	1	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<u>. D</u>	ŀ	. 4 45	 	1				
							L	+145= TOTA		OR	+290= TOTAL	•		
		(Column 1)		(Onless			A ·	DDIT. FEI		JOR ,	ODIT. FEE		. •	
	`	(Column 1) CLAIMS		(Colum		(Column 3)			ADDI-	ı r		ADDI		
AMENDMENT C	-	REMAINING AFTER AMENDMENT.		PREVIOUS PAID F	JSLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		Ξ.		X\$ 9=	1	OR	X\$18=			
	Independent	AITATION OF ACT	Minus	***	01.000	=	_	X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20." ***OFF TOTAL ADDIT. FEE **OFF TOTAL ADDIT. FEE ***OFF														
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FORM PTO-875 (Rev. 10/03)

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